

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	A3 FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4						
5		1				
6		1				
7						
8		1				
9						
10						
11		1				
12	1					
13						
14		1				
15						
16						
17		1				
18		1				
19						
20		1				
21	1	1				
22						
23		1				
24		1				
25						
26		1				
27		1				
28						
29	1	1				
30		1				
31		1				
32		1				
33						
34		1				
35	1					
36	1					
37		1				
38		1				
39						
40		1				
41		1				
42		1				
43		1				
44	1					
45	1					
46						
47		1				
48		1				
49		1				
50	1					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51	1					
52						
53	1					
54						
55	1					
56						
57	1					
58						
59	1					
60		1				
61						
62	1					
63	1					
64						
65						
66	1					
67	1					
68	1					
69						
70	1					
71						
72	1					
73	1					
74						
75	1					
76	1					
77	1					
78						
79	1					
80	1					
81						
82	1					
83	1					
84	1					
85	1					
86						
87	1					
88						
89	1					
90	1					
91	1					
92	1					
93						
94	1					
95						
96						
97		1				
98		1				
99	1					
100						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS